

City of Wells Almshouses

Application for Accommodation

The City of Wells Almshouses is a charitable trust administered by The City of Wells Almshouses Charitable Incorporated Organisation (CIO). Both are charities registered with the Charity Commission (numbers: 1040445 and 1159162 respectively). We are also registered with and regulated by the Homes and Communities Agency, as a registered provider of housing.

It is important to note that residents occupy Almshouse accommodation as beneficiaries of the charity not as tenants. You should consider this carefully before accepting an offer of accommodation and seek legal advice if you are unsure. Almshouse residents are licensees and do not pay rent but a Weekly Maintenance Contribution (WMC) to help the charity cover its running costs. (This is treated as the equivalent of rent as far as Housing Benefit is concerned, and so help with payments is available if needed).

We need to make sure you are qualified to become an Almshouse resident. Please read the Information for Applicants before completing this form. If you need help to complete the form please contact us. Please complete the form fully—failure to provide all the requested information could delay your application.

Your Contact Details

Full Name:

Your Current Address:

Home Tel. No:

Mobile Tel. No:

Email:

About You

Your Age:

Date of Birth:

Place of Birth:

Maiden/previous names:

Your marital status:

What is your connection to Wells?

About your Current Accommodation: (please tick the relevant boxes)

Is it: Owned by you

Rented from a private landlord

Rented from family

Rented from a local authority or housing association (please state which one)

Other:

If 'other' please give details:

What is it about your current home that makes it unsuitable for you?

Why do you feel almshouse accommodation would be suitable for you?

Do you own; co-own or have any legal interest in any other property in the UK or abroad?

If yes please provide details:

How long have you lived in your current home?

About your Current Finances:

We need to assess whether or not you fit our criteria for re-housing. Providing information on your income and outgoings will help us make this assessment. We will ask you for more details and to bring copies of bank statements etc. when we invite you to visit us.

Total monthly Income: (from pensions; salary; benefits; interest and investments)

£

Total monthly outgoings: (rent; utility costs; council tax etc.)

£

Balance remaining:

£

Savings:

£

About your Current Health:

We are unable to provide any care or support and residents must be able to live independently. This is why it is important that you tell us about your current health and any ailments or disabilities. Living independently means that you must be able to cook; do your own shopping and clean your property. If you know now that your ability to live independently in the future will change, perhaps because of a progressive illness, you must tell us about this, although this does not necessarily mean your application would be refused.

Do you have any chronic illness/diability? Please provide details.

Are you registered disabled?

Yes

No

Do you receive any regular support—from carers; voluntary organisations; social services etc. Please provide details.

References and Declaration:

Please provide details of two referees. One should be your GP surgery; consultant or other health worker, who can confirm your ability to live independently. The other should be from someone who knows you well who can confirm that you would benefit from becoming an Almshouse resident. If you are a tenant we will also contact your landlord to confirm your tenancy has been conducted without problems. References will not be taken up until we have a property in mind for you.

Health Reference:

Personal Reference:

Name:

Name:

Organisation:

Relationship to you:

Address:

Address:

Tel/email:

Tel/email:

Landlord's Reference (if applicable):

Contact Name:

Organisation (if applicable):

Address:

Tel/email:

Declaration: All information given, or obtained, in connection with this application form will be held by the City of Wells Almshouses in accordance with the Data Protection Act 1998. The information contained in this form will be used for the purposes of processing your application for accommodation. If you become a resident we shall keep this information on your file. By signing this form you give permission for your health referee to release information held by them to us.

By signing this form you are certifying that all the information provided is true and correct. Misleading information or failure to notify us of any change in your circumstances may lead to an offer of accommodation being withdrawn or if you have been granted a property, to the recovery of that property.

Signed: _____ Date: _____

Please return this form to:

The Scheme Manager, City of Wells Almshouses, 16 Llewellyn's, Priest Row, Wells, BA5 2PZ